

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT/OR

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.		DEP.		IND.			IND.		DEP.		IND.		
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TOTAL IND.	2													
TOTAL DEP.	27	↓	←		↓	←		↓	←	↓	←	↓		
TOTAL CLAMS	29													